

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5432 (5-88)		FIXED OCS FACILITY INSPECTION REPORT (INSTRUCTIONS ON REVERSE)			OMB NUMBER 2115-0569 3.7 Hours Per Respondent				
Facility Name _____		Manned _____ Unmanned _____		Number of Persons on Board _____					
OCS Area/Block _____ MMS Lease No. _____		Operator(s) _____		Owner(s) _____					
Person in Charge _____		Name and Address _____		Name and Address _____					
Facility Telephone _____									
INSPECTION ITEMS-ALL FACILITIES		Def.	Cor.	Out	INSPECTION ITEM		Def.	Cor.	Out
1. Workplace Safety 33 CFR PART 142					20. Lifesaving Appliances 33 CFR Part 144				
2. Rails/Guards/Grating 33 CFR 143.110					a. Type:				
3. Personnel Landings 33 CFR 143.105					Lifefloat _____ Liferaft _____ Lifeboat _____				
4. Means of Escape 33 CFR 143.101					approval number _____				
primary-					location				
secondary-					condition				
5. 'Helo Deck Perimeter 33 CFR 143.110					equipment/markings				
6. Lights/Warning Devices 33 CFR 143.15					servicing (date _____)				
7. Firefighting Equip 33 CFR 145:					launching devices				
portable _____-					weight test (date _____)				
semi-portable _____-					operational test (date _____)				
fixed _____-					b. Type:				
location-					Lifefloat _____ Liferaft _____ Lifeboat _____				
size-					approval number _____				
agent-					location				
INSPECTION ITEMS-UNMANNED FACILITIES					condition				
8. Lifesaving Equipment 33 CFR 144.10-1					equipment/markings				
9. Other Lifesaving Equipment 33 CFR 144.10		(See Instructions)			servicing (date _____)				
INSPECTION ITEMS-MANNED FACILITIES					launching devices				
10. Emer. Comms. Equip. 33 CFR 144.01-40					weight test (date _____)				
11. Station Bill 33 CFR 146.130					operational test (date _____)				
12. Emergency Drills 33 CFR 146.125					c. Type:				
conducted monthly-					Lifefloat _____ Liferaft _____ Lifeboat _____				
record keeping					approval number _____				
13. Life Preservers 33 CFR 144.01-20					location				
number: _____-					condition				
equipment-					equipment/markings				
markings-					servicing (date _____)				
stowage-					launching devices				
14. Work Vests 33 CFR 146.20					weight test (date _____)				
number: _____-					operational test (date _____)				
separate stowage-					d. Type:				
15. Ringbuoys 33 CFR 144.01-25					Lifefloat _____ Liferaft _____ Lifeboat _____				
number: _____-					approval number _____				
equipment-					location				
markings-					condition				
stowage-					equipment/markings				
16. General Alarm System 33 CFR 146.105					servicing (date _____)				
markings 33 CFR 146.135-					launching devices				
17. Manning of Survival Craft 33 CFR 146.120					weight test (date _____)				
18. First Aid Kit 33 CFR 144.01-30					operational test (date _____)				
19. Litter 33 CFR 144.01-35					21. Personnel Record Location 33 CFR 141.35				
LIST OF OUTSTANDING ITEMS/COMMENTS (Attach additional pages as necessary)									
FACILITY OWNER'S OR OPERATOR'S ACKNOWLEDGEMENT									
NAME	TITLE			SIGNATURE			DATE		